

PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s) to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Fax **(703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22204 7590 12/14/2009

NIXON PEABODY LLP
401 9TH STREET, N.W.
SUITE 900
WASHINGTON, D.C. 20004-2128

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/574,880 | 04/06/2006 | Shunpei Yamazaki | 740756-2949 | 5429 |

TITLE OF INVENTION: DISPLAY DEVICE AND METHOD FOR MANUFACTURING THE SAME, AND TELEVISION RECEIVER

| APPLN. TYPE. | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 03/15/2010 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | |
| TAYLOR, EARL N | | 2818 | 257-072000 | | | |

| | | |
|---|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1. <u>NIXON PEABODY LLP</u> 2. <u>Jeffrey L. Costellia</u> 3. _____ |
|---|---|---|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Semiconductor Energy Laboratory Co., Ltd.

Kanagawa-Ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

| | |
|--|---|
| 4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>3</u> | 4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form). |
|--|---|

Commissioner for Patents is requested to supply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

| | |
|--|---------------------------------|
| (Authorized Signature) <u>/Jeffrey L. Costellia Reg. No. 35,483/</u> (Typed or Printed Name) <u>Jeffrey L. Costellia</u> | (Date) <u>March 15, 2010</u> |
| NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. | |
| Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | |

TRANSMIT THIS FORM WITH FEE(S)